

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/58408Z

FILING DATE

17 FEB 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2	/			/			52						
3	/			/			53						
4	/		/				54						
5	/		/				55						
6	/			/			56						
7	/			/			57						
8	/		/				58						
9	/		/				59						
10	/			/			60						
11	/			/			61						
12	/		/	/			62						
13	/R		/	/			63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17	(D)			/			67						
18	12			/			68						
19	12			/			69						
20	12			/			70						
21	12			/			71						
22	(D)			/			72						
23	12			/			73						
24	12			/			74						
25	12			/			75						
26	12			/			76						
27	(D)			/			77						
28	(D)			/			78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	15			9									
TOTAL DEP.	112			19									
TOTAL CLAIMS	127			28									